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CONFIRMATION NO. 3055

SERIAL NUMBER 10/811,826	FILING OR 371(c) DATE 03/30/2004 RULE	CLASS 424	GROUP ART UNIT 1655	ATTORNEY DOCKET NO. 51275/148
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APPLICANTS

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** CONTINUING DATA ***** *PL(none)*

** FOREIGN APPLICATIONS ***** *PL(none)*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
 06/08/2004

** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 0	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 2
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>					

ADDRESS

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TITLE

Anti-inflammatory compositions for multiple sclerosis

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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